

accepted that the skin affection is primary; on the contrary, it should rather be supposed that both are the results of the same cause. What circumstances lead to the constant increase of eosinophilous cells in prurigo is not yet clear.

Granuloma Trichophyticum Majocchi.—PINI (*Archiv für Dermatologie und Syphilis*, Bd. xlii., Heft 1) briefly reviews the literature of this unusual form of trichophytosis, and reports three new cases, from the study of which he draws the following conclusions: There exists a clinical complication of herpes tonsurans which differs from kerion and sycosis. It consists of round or flat nodules from a rose-red to a cyanotic hue, scattered about or, more frequently, arranged in chains, developing very slowly, inclined to softening, but never ending in suppuration. The histological structure of these nodules is different from those formed through inflammatory folliculitis, and is like that of the granulomata. The etiological factor is the trichophyton which occurs within the granuloma in the form of hyphæ and spores.

Salicin in the Treatment of Lupus Erythematosus.—CROCKER (*British Journal of Dermatology*, January, 1898), at a meeting of the Dermatological Society of London, showed two cases of lupus erythematosus in which salicin had been administered in fifteen-grain doses, three times a day, with excellent result, a cure occurring in one and great improvement in the other. The external treatment consisted in the application of calamine lotion, which was painted on twice a day. In the case in which a cure had resulted, the treatment had been continued about five months; the second case had been under treatment for a shorter time. It was not claimed that salicin would cure every case, but that a good many were cured or improved by this form of treatment.

OBSTETRICS.

UNDER THE CHARGE OF

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The Elimination of Germs through the Milk-glands.—In the *Berliner klinische Wochenschrift*, 1897, No. 45, BACH and WELIMINSKY report experiments undertaken to show the results of the presence of infectious germs upon the milk-glands.

They selected guinea-pigs for their researches, and took every precaution to make the glands and nipples thoroughly aseptic. They then injected cultures of anthrax, which resulted fatally to the animals, but which did not produce infection of the milk.

The opposite, however, was the result when intravenous injections of pus-

forming bacteria were made. In from five to eight hours after injection these organisms were found in the milk.

In the case of two women, suffering from puerperal septic infection, streptococci were found in the blood, but not in the milk.

The writers conclude from their experiments that infective germs which gain access to the milk do so simply by circulating through the glands in the blood stream, and that to enter the milk they must pass through the glandular substance of the breast through some injury to the gland substance.

The question whether the milk of the infected animal is fit to use must be settled for each case by a careful study of the individual patient.

A Combined Intra- and Extra-uterine Pregnancy at Term.—In the *American Journal of Obstetrics*, December, 1897, ROYSTER reports the case of a colored woman, aged thirty-four years, who had had six children in easy labors. A negro midwife delivered the patient forty-eight hours before of a living child in the natural way, but sent for the doctor because a second child was retained which could not be expelled.

On examination the uterus was empty and unruptured, while a full-term fetus was lying transversely inside the abdominal cavity. A diagnosis of abdominal pregnancy at term was made, and operation advised. This was refused.

Some time afterward, when the child had died and the patient was threatened with sepsis, consent to operation was obtained. On investigating the history it was found that rupture of the sac had occurred. On abdominal section, a dirty yellowish fluid escaped from the abdomen, the fetus was delivered, and the cord tied and cut. The placenta was adherent to the abdominal wall and the left side of the pelvic brim. The gestation sac was entirely outside the peritoneum, and the general cavity of the abdomen had only been opened for two inches. The placenta was loosened by dissection and two silk ligatures placed upon vascular adhesions. There was little bleeding. The sac was washed out with hot salt solution, sponged dry, and the abdominal wound closed with silkworm-gut sutures, strips of gauze being used for drainage at the lower end of the incision. The cavity drained for several weeks, the patient finally making a good recovery. The ectopic fetus was fully developed, weighing four and one-quarter pounds. The placenta weighed two pounds.

Spurious Abortion, with an Account of Three Cases.—In the *British Medical Journal*, 1897, No. 1925, EDEN contributes a paper upon the above subject. His case was as follows:

The patient was a multipara who had missed her menstruation for eleven weeks. After one day's hemorrhage a fleshy mass was expelled, which was at first thought to be an abortion. While menstruation was absent there had been morning sickness, but not as severe as in previous pregnancies. The patient made a complete recovery.

On examining the mass which had been expelled, it was found to be a triangular cast of the uterus, measuring four inches by three and three-quarters inches, and varying in thickness from 3 to 8 mm. The outer surface was rough and uneven; the inner dull, glistening, and thrown into numerous longitu-

dinal folds. There was interstitial hemorrhage at the apex of the cast. Thorough microscopical examination could find nothing but decidua. There was no trace of placenta or chorion. This is what is termed "Spurious Abortion," and is defined as the development within the uterus, in the absence of gestation, of a membrane having the essential characters of the decidua of pregnancy and accompanied by signs of early pregnancy. Its separation and expulsion from the uterus with hemorrhage simulate abortion.

There are two explanations for such a condition. One is that an ovum was actually fertilized, but perished at a very early period, while the decidua continued to grow. The second theory is that some other stimulus may cause the formation of decidua and prevent menstruation. The first is the more probable explanation.

In addition to his own, Eden quotes Griffith's case, and also that reported by Dakin.

Griffith's patient had never been previously pregnant. She suffered from symptoms of early gestation. A cast of the uterus was expelled, composed of decidua. The womb was somewhat enlarged.

In Dakin's case the patient had borne a stillborn child eight months before the spurious abortion. At this time she was treated for subinvolution, and recovered. After a slight interruption of menstruation she expelled a uterine cast. There was a lump on the right side of the abdomen. The uterus was enlarged and the patient was thought to have an ectopic gestation. The abdomen was opened, when the lump was found to be an ovarian cyst, which was removed.

In this case pregnancy can be positively excluded, yet the patient had a brief, definite period of amenorrhœa and marked enlargement of the uterus with the discharge of a cast.

A Case of Strangulation of a Full-term Child, with Tympany of the Uterus and Emptying of an Echinococcus Sac through the Uterus.—In the *Monatsschrift für Geburtshilfe und Gynäkologie*, 1897, Band vi., Heft 5, BONORDEN reports the case of a patient who had lost a child in her first labor through neglect, and who had been treated for a vesico-vaginal fistula.

The patient had a tumor on the left side of the uterus, which in her second confinement obstructed labor and which had to be punctured. It yielded a clear serous fluid. This labor terminated spontaneously. When the patient came under observation she was four months pregnant, and the cystic tumor was very plainly outlined. She declined operation until after the pregnancy should terminate. She finally came into labor, and puncture of the tumor was made with very slight results. The membranes ruptured and the child's heart-sounds ceased. Fluid was again taken from the tumor and the child was gradually expelled, the cord being tightly drawn around the neck. As the body of the child emerged, very foul gas escaped from the uterus. The patient had a rapid pulse, bleeding from the womb, elevation of temperature, with a foul discharge. The tumor ruptured into the uterus and discharged through the womb and vagina. Microscopic examination of its fluid showed it to be an echinococcus cyst. The patient made a tedious recovery under stimulating treatment and vaginal douches. There remained in the pelvis adhesions at the site of the tumor.

Total Inversion of the Uterus after Abortion.—In the *Centralblatt für Gynäkologie*, 1898, No. 3, SWITALSKI reports the following case: The patient was a multipara who aborted at five months, with severe hemorrhage. The placenta was retained for several hours. On admission to the hospital the patient was found an ill-nourished, anæmic woman. The uterus was completely inverted, its mucous membrane excessively pale in color. Under chloroform anæsthesia an effort was made to reinvert the uterus by manipulation. This procedure was unsuccessful, the anterior wall of the uterus being torn and the bladder stripped up from the womb. Küstner's operation was then performed. The posterior cul-de-sac was opened and a longitudinal incision made in the posterior wall of the uterus. This loosened the contraction ring, when the womb was readily reinverted. The posterior wall was then sutured, and the peritoneum also. The patient made an excellent recovery.

A piece of the womb was excised for examination, and its muscular tissue found in a degenerated condition. It was impossible to tell how the inversion had happened, although the thinness of the muscular tissue and the degeneration of the muscle-fibre must have contributed to the result. In this case the success of Küstner's operation was very pronounced.

The Absolute Indication for Cæsarean Section.—In the *Centralblatt für Gynäkologie*, 1898, No. 3, GUEBARD draws attention to the measurement between the tuberosities of the ischia and its value as giving an indication for Cæsarean section. He was called to a patient in labor who had a kyphotic, funnel-shaped pelvis in which the distance between the tuberosities of the ischia was 4.7 cm. The pelvis was so much contracted that Cæsarean section was clearly indicated. The child was living and in good condition. The parents, however, absolutely refused to allow the operation. Accordingly, under protest, craniotomy was done. It was impossible to extract the head without removing the individual bones. The clavicles were then cut and the body of the child finally removed. The mother made a good recovery.

After her convalescence the transverse diameter of her pelvic outlet was measured by introducing a pelvimeter within the birth-canal, and the original measurement was found nearly correct. The case is reported as an example of successful embryotomy in a highly contracted pelvis.

Cæsarean Section, with Transverse Incision and Total Removal of Uterus because of Sepsis.—In the *Centralblatt für Gynäkologie*, 1898, No. 4, SIEDENTOPF reports the case of a patient brought to the Magdeburg clinic in labor twenty-four hours, and infected. The patient had a flat rhachitic pelvis, so small that a living child could not be delivered. The child was in fairly good condition, however, while the mother was jaundiced, had albumin in the urine, and had constitutional infection. After waiting a reasonable time for the head to engage, and finding no progress, the patient was anesthetized, the abdomen opened, and the uterus opened by a transverse incision across the fundus. The child was readily extracted, asphyxiated, and was resuscitated. The placenta was removed and the incision closed. The cervix was then brought together with forceps, and the upper portion of the abdominal incision sutured. The bladder was separated from the